

**LAKE HAVASU CITY**  
**APPLICATION FOR SPECIAL EVENT PERMIT**  
(Please type or print - **Answer ALL questions**)

APPLICATION **MUST** BE RETURNED AT LEAST 30 DAYS PRIOR TO EVENT TO:

OFFICE OF THE CITY CLERK  
2330 MC CULLOCH BOULEVARD N.  
LAKE HAVASU CITY AZ 86403

APPROVED: \_\_\_\_\_  
Carla Simendich, City Clerk      Date

1. NAME OF EVENT/USE: \_\_\_\_\_

2. DATE(S) OF EVENT/USE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM

3. EVENT SITE: \_\_\_\_\_ Street Address: \_\_\_\_\_

4. PROPERTY OWNER: Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_

5. DESCRIPTION/PURPOSE OF VENT/USE: \_\_\_\_\_

6. SPONSORING Name: \_\_\_\_\_ Club/Business  
CLUB/BUSINESS Representative \_\_\_\_\_  
OR INDIVIDUAL Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

If Applicable: Business License # \_\_\_\_\_ County Health Dept # \_\_\_\_\_

7. TWO OTHER PERSONS RESPONSIBLE FOR EVENT: (At least one **local** contact person)

#1) Name: \_\_\_\_\_ #2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

8. WHERE CAN RESPONSIBLE PERSON BE REACHED DURING EVENT? Name: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

9. PERSON(S) RESPONSIBLE FOR CLEAN-UP: \_\_\_\_\_ Phone: \_\_\_\_\_

10. HAS EVENT BEEN HELD PREVIOUSLY? YES \_\_\_ NO \_\_\_ IF YES, GIVE DATE(S): \_\_\_\_\_

11. HAS EVENT BEEN DENIED IN THE PAST? YES \_\_\_ NO \_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

12. EVENT/USE ACTIVITIES (Be specific - Include location and times of all specific activities) \_\_\_\_\_

Will you have: \_\_\_\_\_ tents \_\_\_\_\_ booths \_\_\_\_\_ cooking \_\_\_\_\_ food service \_\_\_\_\_ beverage service  
(Attach site plan showing number and locations of services and structures.)

13. CONCESSION(S) ON SITE? YES \_\_\_ NO \_\_\_ (i.e.; food, beverage, liquor, souvenirs, etc.)  
(If YES please provide attachment describing types of concessions, operators names, addresses, phone numbers;  
and site plan showing how many and their locations on the Event/Use site.)

14. ANTICIPATED NUMBER OF PARTICIPANTS / CUSTOMERS \_\_\_\_\_ SPECTATORS \_\_\_\_\_ EVENT WORKERS \_\_\_\_\_

15. IS EVENT OPEN TO THE PUBLIC? YES \_\_\_ NO \_\_\_ IF NO, HOW WILL INFLUX BE CONTROLLED? \_\_\_\_\_

16. LIABILITY INSURANCE: Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

ATTACH ORIGINAL INSURANCE CERTIFICATE NAMING LAKE HAVASU CITY AS AN ADDITIONAL INSURED  
Also name any other involved entities, i.e., AZ State Land Dept., AZ State Parks, etc.)

17. INDEMNIFICATION CERTIFICATE: YES \_\_\_ NO \_\_\_ (Sample Attached - Copy on Applicant's Letterhead)

18. APPROVALS: \_\_\_\_\_  
Department Head/Authorized Signature      City Manager (If Required)

19. WILL ALCOHOLIC BEVERAGES BE AVAILABLE? YES\_\_\_ NO\_\_\_ If YES, submit required permits  
HOW WILL ALCOHOL DISTRIBUTION AREAS BE CONTAINED? \_\_\_\_\_

HOW WILL ALCOHOL BE DISTRIBUTED? \_\_\_\_\_ Experienced Bartenders \_\_\_\_\_ Self Serve \_\_\_\_\_ Other  
(Please Explain) \_\_\_\_\_

**ADEQUATE SECURITY IS REQUIRED FOR CROWD CONTROL AND TO ENSURE LIQUOR LAWS ARE NOT VIOLATED**

20. SECURITY: \*PRIVATE SECURITY PERSONNEL PROVIDED? YES\_\_\_ NO\_\_\_

\* Attach copy of bond and insurance certificate and letter from security provider describing security plan, name of supervisor, number of personnel, uniform description, training, weapons carried, communications equipment, etc.

IS LAW ENFORCEMENT PERSONNEL REQUESTED? YES\_\_\_ NO\_\_\_ If yes, submit required forms.

21. TRAFFIC CONTROL REQUIRED? YES\_\_\_ NO\_\_\_ Specify Needs \_\_\_\_\_

Law Enforcement Personnel Requested? Yes\_\_\_ No\_\_\_ Are cones, barricades, etc. necessary? Yes\_\_\_ No\_\_\_

**If yes to either of the above, please submit required forms.**

22. SUPPORT SERVICES: Describe how necessary services will be provided: \_\_\_\_\_

Attach site plan outlining location of restroom facilities, exhibits, parking, access, etc.

Sanitary Facilities: Type \_\_\_\_\_ Number \_\_\_\_\_ Locations \_\_\_\_\_

Access/Parking: On-site Spaces available \_\_\_\_\_ \*Off-Site Spaces available \_\_\_\_\_

Locations \_\_\_\_\_ \*Access/Location \_\_\_\_\_

\*(If off-site spaces are other than Event property, attach permission of property owner.

Temporary Electrical: Locations \_\_\_\_\_ Number hookups \_\_\_\_\_

Water Service Requested? If Yes\_\_\_ Hydrant Meter Size \_\_\_\_\_ If No\_\_\_ Existing Location \_\_\_\_\_

Emergency Services (Fire, Medical, Ambulance) Required? \_\_\_Yes \_\_\_No If Yes specify needs \_\_\_\_\_

Person responsible for obtaining service and billing \_\_\_\_\_

23. PARADES: MOTOR VEHICLES? YES\_\_\_ NO\_\_\_ BOATS? YES\_\_\_ NO\_\_\_ ANIMALS? YES\_\_\_ NO\_\_\_ (If YES submit  
(required forms)

How will they be controlled? \_\_\_\_\_

24. FIREWORKS (including pyrotechnics, explosives, open fires) YES\_\_\_ NO\_\_\_ (If yes, submit required forms)

25. NOISE: (From all sources directly related to the event or use/s.)

Indicate types and sources of significant noise from the event or use and times of day these noises will occur.

Noise Sources

Times of Day

How will noise levels be managed to avoid creating a public nuisance to residents in the area of the event or use?

**ACKNOWLEDGEMENT:** The above information is complete and correct to the best of my knowledge. I understand that this permit is granted on the basis of the information supplied in the application, and that the permit may be denied or revoked if found to be incorrect and/or incomplete. I further understand that the event may be monitored by the City, and that failure to comply with any conditions placed on permit approval or the creation of a public nuisance as defined by applicable state and local law may result in the immediate abatement of the offending activity and/or revocation of the permit.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICABLE DEPOSITS OR ESTIMATED FEES MUST BE PAID BY CERTIFIED CHECK PRIOR TO PERMIT ISSUANCE.

Use Permit Fee \_\_\_\_\_ Security Fee \_\_\_\_\_ Water Deposit \_\_\_\_\_

Traffic Control Fee \_\_\_\_\_ Barricade Deposit \_\_\_\_\_ Miscellaneous \_\_\_\_\_

**\*\*Lake Havasu City reserves the right to require utilization of trained public services personnel as may be warranted by certain or specific conditions or as deemed necessary by the City. Pursuant to Section 9.20.080 of the Lake Havasu City Code, upon denial by the city clerk of an application made pursuant to Section 20.050 of this Title, the applicant may appeal from the denial within five days thereafter by filing with the city clerk a written request for a hearing before the city council at its next regular meeting. Upon such appeal, the city council may reverse, affirm, or modify in any regard the determination by the city clerk.**